

**FEE TRANSMITTAL**

Application Number 10/038,080 Art Unit 1639  
Filing Date January 3, 2002 Confirmation No. 7358  
Inventor(s) Peter C. Isakson et al.  
Examiner Name Jon D. Epperson Ph.D.  
Attorney Docket Number PHA 4142.2 (2891/3)



[ ] Applicant claims small entity status.

**METHOD OF PAYMENT**

[ ] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. [X] EXCESS CLAIM FEES

Total Claims 24 - 20 (HP) = 4 x Fee \$50 = \$ 200.00  
Indep Claims 5 - 6 (HP) = 0 x Fee 0 = \$ 0  
Multiple Dependent Claims Fee \$ 0  
(HP = highest number of claims paid for)

Subtotal (2) \$ 200.00

3. [ ] APPLICATION SIZE FEE

Total Pages \_\_\_\_\_ - 100 = \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_  
(Application + Drawings) (round up to whole #)


Subtotal (3) \$ \_\_\_\_\_

4. [X] OTHER FEE(S)

[X] Four month extension of time  
[X] Third Supplemental Information disclosure statement  
[ ] 37 CFR 1.17(q) processing fee  
[ ] Non-English specification  
[ ] Notice of Appeal  
[ ] Filing a brief in support of appeal  
[ ] Request for oral hearing  
[X] Other: Two Terminal Disclaimers

Subtotal (4) \$ 2,030.00

**TOTAL AMOUNT OF PAYMENT** \$ 2,230.00

  
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Telephone: 314-231-5400

January 27, 2005  
Date

KMP/lam  
Express Mail Label No. EV 453250791 US